





PTO/SB/81 (01-06)

Approved for use through 12/31/2008, OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/552,388

Filing Date

ł	POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM					F1-431			Jeans 7, 2005				
- 1						First Na	Cytok Antibo Seque			Richard ROSS, et al.			
						Title				Cytokine Polypeptides and Antibodies Containing A Signal Sequences for the Attachement of Glycosylphosphatidylinositol			
1						Art Unit				priaticayitho	itol		
- [Examine	Examiner Name Prema M. Mertz						
Ļ						Attorney	Docket Number	1000					
L	I hereby revoke all previous powers of attorney given in the above identified and it.												
	K-A												
- [Practitioners associated with the Customer Number:												
		OR			23	3911							
-11			ner(s) named below:										
1				Name									
					Registration Number								
											1		
ł					-						+		
	- 1				-		· · · · · · · · · · · · · · · · · · ·						
a	as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and												
Please recognize or change the correspondence address for the above-identified application to:													
1	The address associated with the above-mentioned Customer Number:												
_	OR												
12	The address associated with Customer Number: 23911												
OR													
IC		Firm or Individual Na		Crowell & Moring LLP			<u></u>						
Г	Ad	dress	me								1		
				PO Box 14300			•						
—	Cit	v	-	Weeklanten			***************************************				i		
 				Washington			State DC		Zip	20004-2	595		
_	Country Telephone 202,824,2500												
I ai	m the			202-824-2500			Email						
	Applicant/Inventor.									—			
	7			the entire interest. See 37 CFR 3.71.									
-		Statement unde	r 37 C	FR 3.73(b) is enclosed. (Form PTO/SB/9	2 1						ı		
					_								
-				SIGNATURE of Applic	ant	or Assignee o	of Record .	,					
_	Signature			Child		Date 15/8/47							
Nar				IMEND JOHN BARLEN		Telephone +44(e) 77 400 930 9 2							
		Company	<u>Ct</u>	O ASTERIAN LH									
form	TE: SI	gnatures of all nore than one s	the invitation	rentors or assignees of record of the enti- re is required, see below.	re in	terest or their r	epresentative(s) are re	quired	. Submit r	nultiple			
		*Total of		s are submitted									

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.